

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/559,844

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3	1					
4		3				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
12		1				
13	1					
14	1					
15		4				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25	1					
26	1					
27	1					
28		3				
29		3				
30		1				
31		3				
32		3				
33		3				
34		3				
35	1					
36		1				
37	1					
38		1				
39		4				
40		4				
41		4				
42		4				
43		4				
44		4				
45		4				
46		4				
47		4				
48		2				
49						
50						
TOTAL IND.	5					
TOTAL DEP.	51					
TOTAL CLAIMS	56					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						